

HOUSE BILL No. 1760

DIGEST OF INTRODUCED BILL

Citations Affected: IC 27-8-5.7-10; IC 27-13-36.2-8.

Synopsis: Overpayments to health care providers. Specifies certain requirements for an insurer or a health maintenance organization in requesting repayment or adjusting subsequent claims to obtain reimbursement for an overpaid claim to a health care provider.

Effective: July 1, 2005.

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January 19, 2005, read first time and referred to Committee on Insurance.

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First Regular Session 114th General Assembly (2005)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2004 Regular Session of the General Assembly.

HOUSE BILL No. 1760

A BILL FOR AN ACT to amend the Indiana Code concerning insurance.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 27-8-5.7-10 IS ADDED TO THE INDIANA CODE
2 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
3 1, 2005]: **Sec. 10. (a) An insurer may not, more than two (2) years**
4 **after the date on which an overpayment on a provider claim was**
5 **made to the provider by the insurer:**

6 (1) request that the provider repay the overpayment; or

7 (2) adjust a subsequent claim filed by the provider as a
8 method of obtaining reimbursement of the overpayment from
9 the provider.

10 (b) Every adjusted subsequent claim described in subsection
11 (a)(2) must be accompanied by an explanation of the reason for the
12 adjustment, including:

13 (1) an identification of the:

14 (A) claim on which the overpayment was made; and

15 (B) party financially responsible for the overpaid amount;
16 and

17 (2) the amount of the overpayment that is being reimbursed



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to the insurer through the adjusted subsequent claim.

(c) This section does not apply if the provider or insured has been charged with or convicted of fraud with respect to the claim on which the overpayment was made.

SECTION 2. IC 27-13-36.2-8 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2005]: Sec. 8. (a) A health maintenance organization may not, more than two (2) years after the date on which an overpayment on a provider claim was made to the provider by the health maintenance organization:

(1) request that the provider repay the overpayment; or

(2) adjust a subsequent claim filed by the provider as a method of obtaining reimbursement of the overpayment from the provider.

(b) Every adjusted subsequent claim described in subsection (a)(2) must be accompanied by an explanation of the reason for the adjustment, including:

(1) an identification of the:

(A) claim on which the overpayment was made; and

(B) party financially responsible for the amount overpaid; and

(2) the amount of the overpayment that is being reimbursed to the health maintenance organization through the adjusted subsequent claim.

(c) This section does not apply if the provider or enrollee has been charged with or convicted of fraud with respect to the claim on which the overpayment was made.

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